

## **Exhibit E**

**W. R. Grace**  
**Asbestos Personal Injury**  
**Questionnaire**



RE:  
Goldberg, Persky & White, P.C.  
4800 Fashion Square Boulevard  
Suite 260  
Saginaw, MI 48604-2602

**REDACTED**

RECD JAN 12 2006



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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE



In re: ) Chapter 11  
W. R. GRACE & CO., et al., )  
Debtors. ) Case No. 01-01139 (JKF)  
 ) Jointly Administered  
 )

## W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDALE AVE.  
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

**INSTRUCTIONS****A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

**B. PART I – Identity of Injured Person and Legal Counsel**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

**C. PART II – Asbestos-Related Condition(s)**

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**Supporting Documents for Diagnosis:** This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

**X-rays and B-reads:** Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

**Pulmonary Function Tests:** Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

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**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

**Occupation Codes**

- 01. Air conditioning and heating installer/maintenance
- 02. Asbestos miner
- 03. Asbestos plant worker/asbestos manufacturing worker
- 04. Asbestos removal/abatement
- 05. Asbestos sprayer/spray gun mechanic
- 06. Assembly line/factory/plant worker
- 07. Auto mechanic/bodywork/brake repairman
- 08. Boilermaker
- 09. Boiler repairman
- 10. Boiler worker/cleaner/inspector/engineer/installer
- 11. Building maintenance/building superintendent
- 12. Brake manufacturer/installer
- 13. Brick mason/layer/hod carrier
- 14. Burner operator
- 15. Carpenter/woodworker/cabinetmaker
- 16. Chipper
- 17. Clerical/office worker
- 18. Construction - general
- 19. Custodian/janitor in office/residential building
- 20. Custodian/janitor in plant/manufacturing facility
- 21. Electrician/inspector/worker
- 22. Engineer
- 23. Firefighter
- 24. Fireman
- 25. Flooring installer/tile installer/tile mechanic
- 26. Foundry worker
- 27. Furnace worker/repairman/installer
- 28. Glass worker
- 29. Heavy equipment operator (includes truck, forklift, & crane)
- 30. Insulator
- 31. Iron worker
- 32. Joiner
- 33. Laborer
- 34. Longshoreman
- 35. Machinist/machine operator
- 36. Millwright/mill worker
- 37. Mixer/bagger
- 38. Non-asbestos miner
- 39. Non-occupational/residential
- 40. Painter
- 41. Pipefitter
- 42. Plasterer
- 43. Plumber - install/repair
- 44. Power plant operator
- 45. Professional (e.g., accountant, architect, physician)
- 46. Railroad worker/carman/brakeman/machinist/conductor
- 47. Refinery worker
- 48. Remover/installer of gaskets
- 49. Rigger/stevedore/seaman
- 50. Rubber/tire worker
- 51. Sandblaster
- 52. Sheet metal worker/sheet metal mechanic
- 53. Shipfitter/shipwright/ship builder
- 54. Shipyard worker (md. repair, maintenance)
- 55. Steamfitter
- 56. Steelworker
- 57. Warehouse worker
- 58. Welder/blacksmith
- 59. Other

**Industry Codes**

- 001. Asbestos abatement/removal
- 002. Aerospace/aviation
- 100. Asbestos mining
- 101. Automotive
- 102. Chemical
- 103. Construction trades
- 104. Iron/steel
- 105. Longshore
- 106. Maritime
- 107. Military (other than U.S. Navy)
- 108. Non-asbestos products manufacturing
- 109. Petrochemical
- 110. Railroad
- 111. Shipyard-construction/repair
- 112. Textile
- 113. Tire/rubber
- 114. U.S. Navy
- 115. Utilities
- 116. Grace asbestos manufacture or milling
- 117. Non-Grace asbestos manufacture or milling
- 118. Other

**E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

**F. PART V -- Exposure to Non-Grace Asbestos-Containing Products**

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

**G. PART VI – Employment History**

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

**I. PART VIII -- Claims by Dependents or Related Persons**

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

**J. PART IX -- Supporting Documentation**

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

**K. PART X -- Attestation that Information is True, Accurate and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL****a. GENERAL INFORMATION**

Claimant objects to this Questionnaire for multiple reasons. The questionnaire is unduly burdensome especially given the time frame in which claimant is required to answer. Much of the information requested is equally accessible to WR Grace and claimant is being requested in many instances to compile, categorize and summarize information from documents that WR Grace can analyze as readily as claimant. The request for information include detailed requests for discovery information normally obtained as part of a discovery process in the underlying state court action, but claimant has been precluded from obtaining individual discovery against WR Grace by virtue of the bankruptcy stay. As such, the discovery requests violate claimant's fundamental due process rights and, if used in any fashion to determine the merits of the claim itself, claimant's right to a trial by jury. Parts of the information requested are privileged and confidential. Without waiving these objections, claimant is responding to this Questionnaire for the purposes indicated in the Preface to the Questionnaire, i.e. "...GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION." Claimant objects to the use of this information for any reason to deny the merits of the claim and specifically limits the use of the information to "...prioritize" the claim as represented in the Questionnaire.

**REDACTED**1. Name of Claimant: \_\_\_\_\_ 2. Gender:  Male  Female

First

...  
...

Last

3. Race (for purposes of evaluating Pulmonary Function Test results): .....  White/Caucasian African American Other4. Last Four Digits of Social Security Number: **REDACTED**

5. Birth Date:

6. Mailing Address:

Address

City

State/Province

Zip/Postal Code

7. Daytime Telephone Number: .....

**b. LAWYER'S NAME AND FIRM**1. Name of Lawyer: Lane Clack2. Name of Law Firm With Which Lawyer is Affiliated: Goldberg, Persky & White, P.C.3. Mailing Address of Firm: 4800 Fashion Square Boulevard, Suite 260 Saginaw, MI 48604-2602

Address

City

State/Province

Zip/Postal Code

4. Law Firm's Telephone Number or Lawyer's Direct Line: ..... (989) 799-4848

Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

**c. CAUSE OF DEATH (IF APPLICABLE)**

1. Is the injured person living or deceased? ..... :  Living  Deceased  
 If deceased, date of death: ..... 12/2/1998

2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:

Primary Cause of Death (as stated in the Death Certificate): Methotrexate Adenocarcinoma

Contributing Cause of Death (as stated in the Death Certificate): \_\_\_\_\_



WR GRACE-PIQ 001779-008

**PART II: ASBESTOS-RELATED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**1. Please check the box next to the condition being alleged:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Asbestos-Related Lung Cancer | <input type="checkbox"/> Mesothelioma   |
| <input type="checkbox"/> Asbestosis                              | <input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input type="checkbox"/> Other Asbestos Disease                  | <input type="checkbox"/> Clinically Severe Asbestosis                                     |

a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
- diagnosis from a second pathologist certified by the American Board of Pathology
- diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- other (please specify): \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

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- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- other (please specify): \_\_\_\_\_

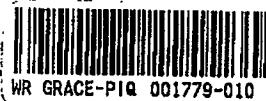
c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- colon       pharyngeal       esophageal       laryngeal       stomach cancer
- other, please specify: \_\_\_\_\_

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- other (please specify): \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): \_\_\_\_\_

- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

WR GRACE-PIQ 001779-011

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- diagnosis determined by pathology
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading other than those described above
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV<sub>1</sub>/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a pulmonary function test other than that discussed above
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- a CT Scan or similar testing
- a diagnosis other than those above
- other (please specify): \_\_\_\_\_

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## PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

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## 2. Information Regarding Diagnosis

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Claimant also objects because it would be unduly burdensome to require claimant to reproduce the information in summary fashion which is readily contained in the attached medical reports. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

Date of Diagnosis: 04/29/1990Diagnosing Doctor's Name: Dr TongDiagnosing Doctor's Specialty: OrthopedicDiagnosing Doctor's Mailing Address: B+ Moty

Address

<u>Syracuse</u>	<u>NY</u>	City	State/Province	Zip/Postal Code
-----------------	-----------	------	----------------	-----------------

Diagnosing Doctor's Daytime Telephone Number: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? .....  Yes  No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship

Was the diagnosing doctor paid for the diagnostic services that he/she performed? .....  Yes  No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? .....  Yes  No

Claimant objects for the reason that information concerning the attorney/client relationship is privileged.

Was the diagnosing doctor referred to you by counsel? .....  Yes  No

See the attached medical reports and records.

Are you aware of any relationship between the diagnosing doctor and your legal counsel? .....  Yes  No

If yes, please explain: \_\_\_\_\_

---



Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

Claimant refers WR Grace to the attached medical reports or records to determine if the medical doctor performed a physical examination. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial..

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? .....  Yes  No

See attached medical records and reports

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? .....  Yes  No

See attached medical records and reports

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? .....  Yes  No

See attached medical records and reports

Did the diagnosing doctor perform a physical examination? .....  Yes  No

See attached medical records and reports

Do you currently use tobacco products? .....  Yes  No

Have you ever used tobacco products? .....  Yes  No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

Cigarettes Packs Per Day (half pack = .5) 1.5 Start Year 1986 End Year 1993

Cigars Cigars Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

If Other Tobacco Products, please specify (e.g., chewing tobacco): \_\_\_\_\_

Amount Per Day \_\_\_\_\_ Start Year \_\_\_\_\_ End Year \_\_\_\_\_

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? .....  Yes  No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

### 3. Information Regarding Chest X-Ray

Claimant objects for the reason that claimant it is unclear what "your chest x-ray" refers to. In response to the question and without waiving the objection, claimant refers WR Grace to the attached medical records and reports.

Please check the box next to the applicable location where your chest x-ray was taken (check one):

Mobile laboratory  Job site  Union Hall  Doctor office  Hospital  Other: \_\_\_\_\_

Address where chest x-ray taken: St Mary Address \_\_\_\_\_

Springfield City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)****4. Information Regarding Chest X-Ray Reading**

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. The information requested is contained to the extent available in the attached medical records and reports

Date of Reading: 03/24/2000 ILO score: 11

Name of Reader: Eric Kowani MP

Reader's Daytime Telephone Number: (734) 936-4346

Reader's Mailing Address: University of MI  
Address

Dra Arbor City: \_\_\_\_\_ State/Province: MI Zip/Postal Code: \_\_\_\_\_

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed .....  Yes  No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the reader? .....  Yes  No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged

Was the reader referred to you by counsel? .....  Yes  No

See the attached medical reports and records.

Are you aware of any relationship between the reader and your legal counsel? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? .....  Yes  No

Claimant objects for the reason the information requested is equally accessible to WR Grace from the attached medical reports and the NIOSH list of certified B readers. Claimant is informed and believes that doctors consulted by counsel who complete ILO forms are generally NIOSH certified readers.

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: \_\_\_\_\_

Claimant objects for the reasons stated in the previous question and claimant refers WR Grace to the attached medical records for the information requested.

**5. Information Regarding Pulmonary Function Test: ..... Date of Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.  
See the attached medical records and reports for the information that is available.

List your height in feet and inches when test given: ..... ft ..... inches

List your weight in pounds when test given: ..... lbs



WR GRACE-PIQ 001779-015

% of predicted

Total Lung Capacity (TLC): ..... % of predicted

Forced Vital Capacity (FVC): ..... % of predicted

FEV1/FVC Ratio: ..... % of predicted

Name of Doctor Performing Test (if applicable): \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Name of Clinician Performing Test (if applicable): \_\_\_\_\_

Testing Doctor or Clinician's Mailing Address:  
Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Testing Doctor or Clinician's Daytime Telephone Number: ..... (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Doctor Interpreting Test: \_\_\_\_\_

Doctor's Specialty: \_\_\_\_\_

Interpreting Doctor's Mailing Address:  
Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Interpreting Doctor's Daytime Telephone Number: ..... (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? .....  Yes  No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the testing doctor and/or clinician paid for the services that he/she performed? .....  Yes  No

*If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received*

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician?..  Yes  No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the testing doctor or clinician referred to you by counsel?.....  Yes  No

See the attached medical reports and records.

Are you aware of any relationship between either the doctor or clinician and your legal counsel?.....  Yes  No

*If yes, please explain:* \_\_\_\_\_

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? .....  Yes  No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? .....  Yes  No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the doctor paid for the services that he/she performed? .....  Yes  No

*If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received*

Did you retain counsel in order to receive any of the services performed by the doctor?.....  Yes  No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the doctor referred to you by counsel? .....  Yes  No

See the attached medical reports and records.

Are you aware of any relationship between the doctor and your legal counsel?.....  Yes  No



If yes, please explain \_\_\_\_\_

WR GRACE-PIQ 001779-017

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? .....  Yes  No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

#### 6. Information Regarding Pathology Reports:

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.  
See the attached medical records and reports for information that is available.

Date of Pathology Report: ..... 04/29/1998

Findings: Adeno carcinoma

Name of Doctor Issuing Report: Dr Tong

Doctor's Specialty: Cytology

Doctor's Mailing Address: 31 mory

Seymour Address IN

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Doctor's Daytime Telephone Number: ..... (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? .....  Yes  No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the doctor paid for the services that he/she performed? .....  Yes  No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received.

Did you retain counsel in order to receive any of the services performed by the doctor? .....  Yes  No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the doctor referred to you by counsel? .....  Yes  No

See the attached medical reports and records.

Are you aware of any relationship between the doctor and your legal counsel? .....  Yes  No

If yes, please explain: \_\_\_\_\_



WR GRACE-PIQ 001779-018

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the claim?  Yes  No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?
- .....  Yes  No

Objection for the reason that it is unclear what is meant by the term "medical treatment". Claimant believes that all work reflected in the attached medical records and reports involves medical treatments. Without waiving the objection, Claimant refers WR Grace to the attached medical reports and records for work performed by the medical doctor.

*If yes, please complete the following:*

Name of Treating Doctor: Bainis

Treating Doctor's Specialty: \_\_\_\_\_

Treating Doctor's Mailing Address: \_\_\_\_\_

Address

City Spokane State/Province MI Zip/Postal Code \_\_\_\_\_

Treating Doctor's Daytime Telephone number: .....(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Was the doctor paid for the services that he/she performed? .....  Yes  No

*If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical condition was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received.*

Did you retain counsel in order to receive any of the services performed by the doctor? .....  Yes  No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

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**PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

Claimant objects for the reason that the request is unduly burdensome give the time constraints claimant has to provide the information. For many years prior to WR Grace's bankruptcy, claimant through claimant's counsel had a tolling agreement with WR Grace which prevented litigation and discovery against WR Grace. Claimant is now being requested to produce trial ready evidence without the ability to individually discover evidence against WR Grace concerning specific job sites worked at by claimant and in a time frame that is unrealistically short. In addition, WR Grace historically has resolved claims for exposure at the job sites at issue, and WR Grace has access to the information concerning exposure which has been provided to WR Grace as part of prior administrative settlements. This request is therefore redundant and the information is as readily available to WR Grace as to claimant. Without waiving these objections, see attached for the exposure information currently available to claimant. In addition, claimant refers WR Grace to the Master Product Identification Evidence which has been submitted for all claimants and is incorporated herein by reference.

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
  - (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
  - (f) If other, please specify.
- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products

Site of Exposure: Site Name: _____	Location: _____				
Employer During Exposure: Site Type: <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Business	Site Owner: _____	Unions of which you were a member during your employment: _____			
Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hour/day, days/year)	Occupation Code (if Code 59, specify)	Industry Code (Code 118 specify)	Nature of Exposure: Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut as space and/or regular or permit to such areas
Job 1 Description: <i>Greylyn</i>	Zerust® Copper	1963-96 26			
Job 2 Description:					

WR GRACE-PIQ 001779-020

Job 3 Description:																
Job 4 Description:																
Job 5 Description:																
Job 6 Description:																
Job 7 Description:																
Job 8 Description:																
Job 9 Description:																
Job 10 Description:																
Job 11 Description:																
Job 12 Description:																
Job 13 Description:																
Job 14 Description:																
Job 15 Description:																
Job 16 Description:																



WR GRACE-PIQ 001779-021

**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRO**

WR GRACE-PIQ 001779-022

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? .....  Yes  No

*If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.*

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: \_\_\_\_\_ Gender:  Male  Female

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. What is your Relationship to Other Injured Person: .....  Spouse  Child  Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
- \_\_\_\_\_

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
- \_\_\_\_\_

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? .....  Yes  No

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_ File Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Court Name: \_\_\_\_\_

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:
- \_\_\_\_\_

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:
- \_\_\_\_\_

[REMAINDER OF PAGE INTENTIONALLY BLANK]

**PART V: EXPOSURE TO NON-GRACE ASBESTOS CONTAINING PRODUCTS**

Claimant objects for the reason that the request is unduly burdensome and equally accessible to WR Grace as claimant. Claimant is being requested to produce trial ready evidence in an unrealistically short time frame and in a time frame that does not necessarily track the discovery schedules of the underlying tort case. Further, this information is not necessary to determine exposure to a WR Grace product and would be irrelevant in determining whether a *prima facie* case exists against WR Grace. Additionally, WR Grace has equal access to this information. Without waiving these objections, claimant refers WR Grace to claimant's complaint in the underlying tort case which contains claimant's allegations of exposure and defendants' responses and motions concerning claimant's allegations.

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify \_\_\_\_\_

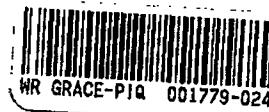
**Party Against which Lawsuit or Claim was Filed:**

Site of Exposure 1		Job 1 Description:	Product(s)	Date and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code Specified	Industry Code If Code Specified	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? Yes/No	Nature of Exposure Please indicate your regular proximity to such areas.
Site Name: _____	Address: _____	Job 2 Description: _____	_____	_____	_____	_____	_____	_____
City and State: _____	Site Owner: _____	Job 3 Description: _____	_____	_____	_____	_____	_____	_____
Site of Exposure 2		Job 1 Description:	_____	_____	_____	_____	_____	_____
Site Name: _____	Address: _____	Job 2 Description: _____	_____	_____	_____	_____	_____	_____
City and State: _____	Site Owner: _____	Job 3 Description: _____	_____	_____	_____	_____	_____	_____

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Site of Exposure 3		Job 1 Description:	Job 2 Description:	Job 3 Description:
Site Name:				
Address:				
City and State:				
Site Owner:				



**PART VI: EMPLOYMENT HISTORY**

See attached work history.

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**Occupation Code:** 26 If Code 59, specify: \_\_\_\_\_

**Industry Code:** 104 If Code 118, specify: \_\_\_\_\_

**Employer:** General Motor

**Beginning of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Location:** Ctry Trn

Address

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Occupation Code:** \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

**Industry Code:** \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Beginning of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Location:** \_\_\_\_\_

Address

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Occupation Code:** \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

**Industry Code:** \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Beginning of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Location:** \_\_\_\_\_

Address

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Occupation Code:** \_\_\_\_\_ If Code 59, specify: \_\_\_\_\_

**Industry Code:** \_\_\_\_\_ If Code 118, specify: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Beginning of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End of Employment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Location:** \_\_\_\_\_

Address

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR****a. LITIGATION**

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? .....  Yes  No

*If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire*

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: \_\_\_\_\_

**REDACTED**

Case Number: 96-011598-NP-5

File Date: 2/28/1996

Court Name: Saginaw County Circuit Court

3. Was Grace a defendant in the lawsuit? .....  Yes  No

4. Was the lawsuit dismissed against any defendant? .....  Yes  No

Claimant objects because this request is unduly burdensome. As WR Grace well-knows, during the course of a lawsuit defendants are dismissed or added as evidence develops. In order to accurately answer this question, claimant would have to review the docket of the entire case which WR Grace can do as readily as claimant.

*If yes, please provide the basis for dismissal of the lawsuit against each defendant:*

Claimant objects for the reasons stated above

5. Has a judgment or verdict been entered? .....  Yes  No

Claimant interprets "judgment or verdict" to mean a finding of liability after a trial on the merits of an unliquidated claim. Based upon this understanding the answer is "no".

*If yes, please indicate verdict amount for each defendant(s):* \_\_\_\_\_

6. Was a settlement agreement reached in this lawsuit? .....  Yes  No

Claimant objects for the reason that such information is confidential and is not reasonably calculated to lead to the discovery of admissible evidence. Moreover, the disclosure of such settlement information would chill settlement discussions with any remaining defendants. Claimant also objects because such information is not discoverable under controlling state law at this stage of litigation.

*If yes and the settlement was reached on or after April 2, 2001, please indicate the following:*

- a. Settlement amount for each defendant: \_\_\_\_\_
- b. Applicable defendants: \_\_\_\_\_
- c. Disease or condition alleged: \_\_\_\_\_
- d. Disease or condition settled (if different than disease or condition alleged): \_\_\_\_\_

7. Were you deposed in this lawsuit? .....  Yes  No

*If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.*



WR GRACE-PIQ 001779-027

**b. CLAIMS**

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? .....  Yes  No

*If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.*

Claimant objects on the basis that the information requested is confidential and is not reasonably calculated to lead to the discovery of any admissible evidence. In addition, by violating the confidentiality of settlements, disclosure of such information would chill settlement discussions with other defendants. The request is also unduly burdensome. Claimant further objects because the information, if not confidential, would be equally accessible to WR Grace by subpoena. It would be as burdensome for claimant to assemble the information as for WR Grace to do it.

2. Date the claim was submitted: ..... / /

3. Person or entity against whom the claim was submitted: \_\_\_\_\_

4. Description of claim: \_\_\_\_\_

5. Was claim settled? .....  Yes  No

6. Please indicate settlement amount: ..... \$ \_\_\_\_\_

7. Was the claim dismissed or otherwise disallowed or not honored? .....  Yes  No

*If yes, provide the basis for dismissal of the claim: \_\_\_\_\_*

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**

WR GRACE-PIQ 001779-028

Objection for the reason that the requested information is vague. Claimant is unclear about what is meant by the term "dependents or related persons". Because of this lack of clarity, claimant will answer only with respect to individuals claimed as dependents on IRS income tax returns currently if the asbestos victim is alive or prior to the time of death if the asbestos victim is deceased.

Name of Dependent or Related Person: \_\_\_\_\_ Gender:  Male  Female

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Financially Dependent: .....  Yes  No

Relationship to Injured Party:  Spouse  Child  Other If other, please specify \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Daytime Telephone number: ..... (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART IX: SUPPORTING DOCUMENTATION**

Please use the checklists below to indicate which documents you are submitting with this form.

**Copies:**

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products
- Supporting documentation of other asbestos exposure

- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Depositions from lawsuits indicated in Part VII of this Questionnaire
- Death Certification

**Originals:**

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products

- Supporting documentation of other asbestos exposure
- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:



**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

WR GRACE-PIQ 001779-029

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.  
**TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature:

**REDACTED**

Date: 11/04/06

Please Print Name

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

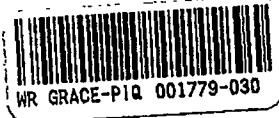
I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature:

A handwritten signature in black ink, appearing to read "Lane Clack".

Date: 11/30/2005

Please Print Name: Lane Clack



## *WR Grace - Client Job Summary* G1156-4

*Client:*

REDACTED

<i>Approximate Work Years</i>	<i>Job</i>
-------------------------------	------------

1963 to 1988	General Motors Grey Iron Foundry, Saginaw, MI
--------------	---

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF SAGINAW

RE-ISSUED  
LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.



Estate of REDACTED

TO: [Name, address, and telephone no.]

**REDACTED**

You have been appointed and qualified as personal representative of the estate on 1-20-99 Date You are authorized to do and perform all acts authorized by law except as to the following:

Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment

Restrictions:

X These letters expire: 11/ft Date

Date

SEE OTHER SIDE FOR NOTICE OF DUTIES.

CAROLYN BERNSTEIN

Attorney name (type or print)

P44566

Bar no.

One Tuscola St., Ste. 300

Address

Saginaw, MI 48607

(517) 776-6650

City state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and that these letters are in full force and effect as of the date on the letters.

Date

Deputy register

Do not write below this line - For court use only



Jeffrey A. Kahn, M.D.

1854 Winding Oaks Way  
Naples, Florida 34109  
941/596-8491

May 30, 2000

Susan E. Jurik  
Goldberg, Persky, Jennings & White  
Plaza North  
4800 Fashion Square Boulevard, Suite 260  
Saginaw, MI 48604-2602

REDACTED

RE:

Case #: 96-011598-NP-5

DOD: 12/02/98

Dear Ms. Jurik:

As you requested, I have reviewed the following medical reports and records on the above referenced case:

REDACTED

- The Death Certificate of [REDACTED] listing the cause of death as "Primary Bronchogenic Adenocarcinoma Right Lower Lobe",
- St. Mary's Medical Center Pathology Reports C 253-98: "Positive for Malignant Cells", C 341-91: Sputum, Normal and C 340-91: FNA Lung: Purulent Exudate,
- Covenant HealthCare Surgical Pathology Reports SP-93-18266: Right lower paratracheal lymph nodes negative for malignancy and SP-93-18596: "Right lower lobe resection showing: Grade II bronchoalveolar adenocarcinoma"; NG-93-01137: Bronchial washings negative for malignancy,
- ILO Report of Ella A. Kazerooni, MD, dated 03/24/00 on a film of 07/02/98 in which both parenchymal and pleural abnormalities of pneumoconiosis are noted,
- Medical Records of Jacob C. Ninan, MD,
- Medical Records of Val Hereza, MD,
- Covenant HealthCare Medical Records including the admissions of 11/13/96 for upper GI endoscopy, 11/11/93 to 11/17/93 for thoracotomy, 11/04/93 for workup of a right lower lobe lesion and bronchoscopy, 05/11/82 to 05/14/82 for pneumonia, and 10/19/81 to 10/21/81 for hemorrhoids,
- St. Mary's Hospital Medical Records including those from the hospitalizations of

**REDACTED**

Page Two/Three

08/05/98, 07/20/98 to 07/29/98 for deep vein thrombosis (DVT) of the left leg, 06/27/98 to 07/05/98 for DVT, 06/02/98 to 06/11/98 for pulmonary embolism, and 04/27/98 to 05/07/98 for abdominal pain related to adrenal metastases,

- Visiting Nurse Association Records.

**REDACTED**

It is my understanding that \_\_\_\_\_ was exposed to asbestos in his employment at the General Motors Grey Iron Foundry from 1963 to 1988. In his work, \_\_\_\_\_ had continuous responsibilities which involved (1) contact with asbestos containing insulation, refractory and building materials consisting of pipecovering, block, cements, castables, millboard, asbestos cloth, asbestos paper installed on and around cupolas, tower core ovens, vertical core ovens, horizontal core ovens, steamlines, piping, duct work, heat exchangers, furnaces, kilns, ladles and other equipment; (2) working in cooperation with and in close proximity to co-workers, plant personnel, asbestos workers and bricklayers involved in the handling, mixing, fabrication and application of asbestos containing insulation, refractories and building materials, work around asbestos clothing; (3) disturbance, deterioration, friability and removal of asbestos products; (4) Clean up of asbestos scrap; (5) shipping, handling and storage of asbestos products; (6) warehousing and housekeeping of asbestos products; (7) contamination of asbestos dusts in the work place resulting from plant operations and the above existing conditions.

It is also my understanding that \_\_\_\_\_ smoked 1 ½ packs of cigarettes per day from 1956 to 1993.

I examined twenty microscopic slides from the laboratories of Covenant HealthCare. Sixteen of the slides are labeled "SP-93-18596". The sections of lung contain portions of a well-differentiated adenocarcinoma that has multiple foci of necrosis. The neoplasm is mucin producing (and is mucin-stain positive). At the periphery of the tumor, aerogenous spread, a feature typical of bronchoalveolar carcinomas, is seen. Origin from bronchus is present and identifies the lesion as a primary lung cancer.

Apart from the tumor, the lung is involved by mild emphysema and it contains a small quantity of a variety of foreign materials. Fine black particles predominate. Large, irregularly shaped, sharply angulated black particles and both thick and thin black fibers are present. The foreign material is located in perivascular, peribronchial, septal and pleural connective tissues. These findings represent mixed dust pneumoconiosis.

Mild focal interstitial fibrosis is present. These findings are consistent with a diagnosis of asbestosis, as was diagnosed radiologically.

I also examined four slides from Covenant HealthCare labeled "SP-93-18266". They contain sections of lymph nodes, some of which have mild anthracosis and non-specific reactive changes. There is no neoplasia in these nodes.

**REDACTED**

REDACTED

Page Three/Three



Of the ten slides from the St. Mary's Hospital laboratories that I examined, two are labeled "C-253-98". One of these has sections of a cell block and the other is a pap stained smear. This material, obtained by FNA from the region of the adrenal mass, contains poorly differentiated metastatic carcinoma consistent with origin from the primary lung cancer. There are no malignant cells present in the other eight slides from St. Mary's laboratories, four of which are pap-stained smears labeled "C-341-91" and three are pap-stained smears labeled "C-340-91". The fourth slide labeled "C-340-91" contains sections of a cell block preparation.

As a result of my review of the medical records and the work history, it is my opinion, which I express with a reasonable degree of medical certainty, that long exposure to asbestos was a significant contributing factor for his developing his primary lung cancer and his death. Asbestos is a known carcinogen that is responsible for producing a variety of malignancies, most commonly cancer of the lung. Prolonged asbestos exposure increases the risk of developing lung cancer ninety fold in individuals who have been cigarette smokers. Furthermore, adenocarcinomas of the lung are not common neoplasms in men as young as was unless they had prolonged asbestos exposure and were cigarette smokers.

It is also my opinion, which I again express with a reasonable degree of medical certainty, that long exposure to asbestos was responsible for his developing asbestosis, as was diagnosed radiologically. This opinion is supported by the finding of mixed dusts in the sections of lung, indicating unprotected exposure to respiratory dusts. prolonged exposure to asbestos was also responsible for his developing pleural plaque formation, as was diagnosed radiologically.

If you would like me to expand upon the opinions made in this letter, please let me know.

REDACTED

Sincerely yours,

  
Jeffrey A. Kahn, MD

LF _____		STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH		CERTIFICATE OF DEATH		1565 WR GRACE-PIQ 001779-035	
CF 98-2118							
1. DEFENDANT'S NAME (Last Name First)				Male		1. DATE OF DEATH (Month Day Year) December 2, 1998	
2a AGE (Last Birthday Estimate)		2b UNDER 1 YEAR	2c UNDER 1 DAY	3a DATE OF BIRTH (Month Day Year)		4. DEATH PLACE (Street and Number) 57	
2b MONTHS DAYS		2c WEEKS	2d MINUTES	3a MONTH		4b CITY OR TOWNSHIP OF DEATH	
2b LOCATION OF DEATH (Enter place officials pronounced dead in 2a to 2c) HOSPITAL OR OTHER INSTITUTION				3b IF MORE THAN TWO MONTHS OR LONGER ON FORM GIVE ONE MONTH		4c CITY VILLAGE OR TOWNSHIP OF DEATH	
6. OCCUPATION				7. LEISURE ACTIVITIES (Give kind of work done during most of morning AND DO NOT USE PAST TENSE) <b>Pipefitter</b>		8. BUSINESS ADDRESS (Street and Number) <b>Foundry/Automotive</b>	
10a CURRENT RESIDENCE STREET		10b COUNTY		10c LOCALITY (Town City Box and Street) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF		10d STREET AND NUMBER	
10e ZIP CODE		11b BIRTHPLACE (City and State or Foreign Country)		12 MARITAL STATUS: Married Never Married Widowed Divorced (Specify)		13 RELIGION: Nondenom Non religious atheist Other name please list name	
15 IMMIGRATION: American Indian Black Cuban Central or South American Chinese other Hispanic Afro-American Arab English French German etc (Specify briefly)		16 RACE: American Indian Black Asian etc All Asian (Specify Chinese Filipino Korean Indian etc) Spanish Puerto Rican		17 DECEDENT'S EDUCATION (Specify one highest grade completed) Elementary School (1-12)		18 WAS DECEDENT EVER IN U.S. ARMED FORCES YES NO	
18 PARENT'S NAME (Last Name First)		19 MOTHER'S NAME (Last Name First Middle Initial)		20a INFORMANT'S NAME (Last Name First)		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Village State ZIP Code)	
21 METHOD OF DISPOSITION: Burial Cremation Removal Donor Organ Transplant		22a PLACE OF DISPOSITION (Name of Cemetery Crematory or Other Place)		22b LOCATION (City or Village State)		22c	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>This document is a death certificate.</i>		24 LICENSE NUMBER 5565		25 NAME AND ADDRESS OF FACILITY W.L. Case & Company 4480 Mackinaw Road, Saginaw, MI 48603		26 PART I Enter the primary cause or complications that caused the death. Do NOT enter the mode of death such as cause of asphyxiation, heart attack, stroke, etc.	
IMMEDIATE CAUSE (If any) Disease or condition resulting in death		METASTATIC ADENO CARCINOMA ADRENAL AND RETROPERITONEAL NODES DUE TO FOR AS A CONSEQUENCE OF		28. MONTHS		27. APPROXIMATE INTERVAL BETWEEN DEATH AND FUNERAL	
SUBSEQUENT OR COMPETING CAUSES (Underlying Cause- Cause that resulted in death last)		PRIMARY BRONCHIOGENIC ADENO CARCINOMA RIGHT LOWER LOBE DUE TO FOR AS A CONSEQUENCE OF		5 YEARS			
PART II Other significant conditions contributing to death but not resulting in the underlying cause shown in Part I		29a WAS AUTOPSY PERFORMED? YES OR NO		29b WAS AN ANESTHETIC AVAILABLE PRIOR TO COMPLETION OF CRUSA OF DEATH? YES OR NO		29c	
30 ACTUAL PLACE OF DEATH (Home Nursing Home Hospital Ambulance Emergency Room)		31a THE DATE EXAMINED AND CERTIFIED NOT TO BE A MURDER SUSPECT NO On the basis of examination and/or certification in my opinion death is not due to the cause reported above		31b THE DATE EXAMINED AND CERTIFIED NOT TO BE A MURDER SUSPECT No On the basis of examination and/or certification in my opinion death is not due to the cause reported above		31c	
30a DATE OF BIRTH (Year Month Day) 100 DATE SINCE DEATH (Year Month Day)		31d DATE CERTIFIED DEATH 8:28 A.M. 12/4/98		31e DATE CERTIFIED DEATH ON		31f DATE CERTIFIED DEATH 12/4/98	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CERTIFICATE (Name or Title) JACOB C NINAN MD		33a DATE OF INJURY (Year Month Day) 12/4/98		33c TIME OF INJURY M		33d DESCRIBE HOW INJURY OR DEATH 031528	
33a ACC SURGEON HOME NATURAL OR PENDING INVESTIGATION		33b PLACE OF INJURY At home 705 Towne Centre Saginaw, MI 48604		33e LOCATION (Street and Number) 705 Towne Centre Saginaw, MI 48604		33f DATE FILED (Month Day Year) December 7, 1998	
34a REGISTRAR'S SIGNATURE <i>Gordon G. Auerstadt</i>		34b		34c		34d	
CERTIFIED							
MEDICAL EXAMINER							
RECORDED							

STATE OF MICHIGAN ]  
COUNTY OF SAGINAW ] ss

1998 DEC -9 P 12.15

I, ROLAND G. NIEUERSTAUT, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

MILDRED H. CODAK  
REGISTER OF DEEDS  
SAGINAW COUNTY, MI

WITNESSED the Seal of said Court and County on this date:

·DEC 07 1998

A.D.  
John S. Sheddick  
SACINAW COUNTY CLERK

SMAI

**REDACTED**

ST. MARY'S MEDICAL CENTER  
830 S. Jefferson  
Saginaw, MI 48601-2594

**NON-GYN CYTOPATHOLOGY REPORT**

PATIENT:

LOCALE:

AGE-SEX: 58 M

DOCTOR: FARRAR/HEREZA, V./CADY, D.

MR# 157295

SPECIMEN: DATE RECEIVED: 4/29/98

ITEM(S) 2

LAB# C 253-98

**CLINICAL DATA**

Retroperitoneal and right adrenal mass. H/O lung Ca 4 years ago.

**SPECIMEN SPECIFICATION**

type/source: FNA / Retroperitoneal mass

processing: Smears x 4 Cell block x 1

Intraprocedural consultation by pathologist: PERFORMED

**CYTOLOGIC FINDINGS**

Cellularity - Hypercellular

Diathesis - Neoplastic

POSITIVE FOR MALIGNANT CELLS (see Comment)

**COMMENT:**

Cellular materials present on smears and cell block sections show features diagnostic of metastatic non-small cell lung cancer most consistent with adenocarcinoma.

code: 9  
GT/JL 05/01

GEORGE K TONG, M.D.

ST. MARY'S MEDICAL CENTER  
830 S. Jefferson  
Saginaw, MI 48601-2594

NON-GYN CYTOPATHOLOGY REPORT

HR GRACE-PIQ 001779-037

PATIENT:

LOCALE:

AGE-SEX: 58 M

REDACTED

DOCTOR:

MR# 157295

SPECIMEN:

DATE RECEIVED: 9/03/91

ITEM(S) 2

LAB# C 341-91

SPECIMEN SPECIFICATION

type source: NONGYN / Sputum

processing: Smears x 6, Cell block x 1

CYTOLOGIC FINDINGS

Cellularity - Moderate

Diathesis - None

[X] NORMAL SPECIMEN.

GT/sf Date Out: 09/04/91 CODE:1 GEORGE K. TONG, M.D.

REDACTED

CYTOPATHOLOGY REPORT



3S

Age-Sex: 50 M

REF ID: GUIDOT,C./RAO,M./JORDAN,F. M.D.

MR# 157295

Technical Data: RUL lung mass and/or consolidation with mediastinal adenopathy

SPECIMEN: Date Received: 8/30/91 Item(s) 2 Lab# C 340-91

SPECIMEN SPECIFICATION

type/source: NONGYN/FNA of lung

processing: Smears X7 Cell Block X1

Intraprocedural consultation by pathologist.

CYTOLIC FINDINGS

Cellularity - Hypercellular

Diathesis - Inflammatory

(X) ABNORMAL SPECIMEN. PURULENT EXUDATE.

COMMENT:

All smears and cell block sections contain abundant PMN's.

Rare diplococci noted. Specimen is negative for malignant cells. Cellular changes of Pneumonic Consolidation.

Date Out: 8-30-91 CODE: 2

GEORGE K. TONG, M.D.

PATHOLOGY DEPARTMENT ST MARY'S MEDICAL CENTER, SAGINAW, MI 48601



**Covenant HealthCare**  
1447 N.Harrison Saginaw, Michigan 48602



**Laboratory Services**  
Medical Laboratory Director: John Finger, MD

Name: \_\_\_\_\_  
Med Rec #: (0001)264039 Age: 58 YRS Sex: M  
Account #: 026403920637 DOB:  
Admit Physician: RAO, MINOO K 11/04/93  
Nursing Station: KF AMBULATORY SURG Room/Bed: /  
Other info: \_\_\_\_\_

REDACTED

### SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18266

Surgery/Collection Date: 11/04/93

Received Date/Time: 11/05/93 / 7302

**TISSUE SOURCE/DESCRIPTION**

Right lower paratracheal lymph nodes

**PRE-OP DIAGNOSIS**

Cancer right left lobe

**POST-OP DIAGNOSIS**

Same

**INTERPRETATION**

11/06/93 11:37

Lymph nodes, right lower paratracheal: Reactive follicular hyperplasia and sinus histiocytosis. Negative for malignancy.

4

NJH:NJH:DJN By: NICHOLAS J. HRUBY, M.D.  
11/06/93 (Electronic Signature)

**GROSS EXAMINATION**

The specimen consists of mucoid and tan fragments aggregating 1 cm. All embedded in one block.

PCC:DMP 11/06/93

**MICROSCOPIC EXAMINATION**

Sections show multiple portions of lymph node with reactive follicular hyperplasia and sinus histiocytosis. No tumor is seen.

Requesting Physician/Surgeon:  
RAO, MINOO K  
Copy to:

Report Date/Time: 05/19/00 / 1336  
Page: 1 End of report.

REDACTED

SGH PATIENTS

LAB INTERNAL FILE COPY

Name: \_\_\_\_\_  
MR #: (0001)264039  
Location: \_\_\_\_\_



**Saginaw Medical Center**  
1000 Houghton Saginaw, Michigan 48602

The Laboratory for  
St. Luke's / Saginaw General Hospitals  
**Pathologists**  
P. Colligan, MD N. Hruby, MD U. Moeser, MD  
J. Finger, MD K. Kline, MD

Name: \_\_\_\_\_  
Med Rec #: (0001)264039 Age: 52 YRS Sex: M  
Account #: 026403920637 DOB:  
Admit Physician: RAO, MINOO K AD: 11/04/93  
Nursing Station: SGH NORTH OP SURGERY Room/Bed: /  
Other info: \_\_\_\_\_

REDACTED

**SURGICAL PATHOLOGY REPORT**

Case Number: SP-93-18266

Surgery/Collection Date/Time: 11/04/93 / 0839  
Received Date/Time: 11/05/93 / 0839

## TISSUE SOURCE/DESCRIPTION

Right lower paratracheal lymph nodes

## PRE-OP DIAGNOSIS

Cancer right left lobe

## POST-OP DIAGNOSIS

Same

## INTERPRETATION

11/06/93 11:37

Lymph nodes, right lower paratracheal: Reactive follicular hyperplasia and sinus histiocytosis. Negative for malignancy.

4

## GROSS EXAMINATION

The specimen consists of mucoid and tan fragments aggregating 1 cm. All embedded in one block.

PCC:DMP 11/06/93

## MICROSCOPIC EXAMINATION

Sections show multiple portions of lymph node with reactive follicular hyperplasia and sinus histiocytosis. No tumor is seen.

NJH:NJH:DJN By: NICHOLAS J. HRUBY, M.D.  
11/06/93 (Electronic Signature)Requesting Physician/Surgeon: RAO, MINOO K  
Consulting Physicians:

DD: 11/04/93

Report Date/Time: 11/06/93 / 1833  
Page: 2 End of report.

Name: \_\_\_\_\_

MR #: (0001)264039

REDACTED



**Saginaw Medical Center**  
1000 Houghton Saginaw, Michigan 48602

The Laboratory for  
St. Luke's / Saginaw General Hospitals  
Pathologists  
P. Colligan, MD N. Hruby, MD U. Moeser, MD  
J. Finger, MD K. Kline, MD

Name: \_\_\_\_\_  
Med. Rec #: (0001)264039  
Account #: 026403923145  
Admit Physician: RAO, MINOO K  
Nursing Station: SGB - 6MAIN  
Other info: 00  
Age: 52 YRS Sex: M  
AD: 11/11/93  
Room/Bed: G613/A

REDACTED

**SURGICAL PATHOLOGY REPORT**

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939

Received Date/Time: 11/11/93 / 0939

## TISSUE SOURCE/DESCRIPTION

- A. Ex. main lesion rt. lower lobe for FS
- B. Portion of ribs, rt.
- C. Interlobar lymph node
- D. Ant. hilar lymph node
- E. Right lower lobe

## PRE-OP DIAGNOSIS

Ca RL lobe

## POST-OP DIAGNOSIS

Same

## INTERPRETATION

- A. Wedge biopsy right lower lobe, primary grade II pulmonic adenocarcinoma, bronchoalveolar cell type.
- B. Portion of rib, removed in course of surgery, no pathologic diagnosis.
- C.D. Interlobar and anterior hilar lymph nodes, negative for malignancy.
- E. Right lower lobe resection showing:
  - 1. Grade II bronchoalveolar cell adenocarcinoma, 4 x 3.5 x 4 cm.  
Tumor does not involve pleural surface.
  - 2. Bronchial margin of resection grossly and microscopically free of neoplasm.
  - 3. Sections of multiple areas outside the tumor, negative for malignancy.

11/12/93 14:17

**MALIGNANT**

9 tr

Requesting Physician/Surgeon: RAO, MINOO K  
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906

Page: 3 Continued on next page...

Name: \_\_\_\_\_

MR #: (0001)264039

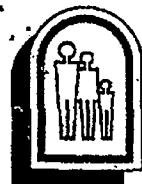
Room/Bed: G613 / A

**FNA REPORT**

REDACTED



**Saginaw Medical Center**  
1000 Houghton Saginaw, Michigan 48602

**REDACTED**

The Laboratory for  
St. Luke's / Saginaw General Hospitals  
Pathologists  
P. Colligan, MD N. Hraby, MD U. Moeser, MD  
J. Finger, MD K. Kline, MD

Name: \_\_\_\_\_  
Med Rec #: (0001)264039  
Account #: 026403923145  
Admit Physician: RAO, MINOO K  
Nursing Station: SGH - 6MAIN  
Other Info: \_\_\_\_\_  
Age: 52 YRS Sex: M  
DOB: \_\_\_\_\_  
AD: 11/11/93  
Room/Bed: G613/A  
00

**SURGICAL PATHOLOGY REPORT**

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939

Received Date/Time: 11/11/93 / 0939

**GROSS EXAMINATION**

- A. Received from the right lower lobe is a gray tan lung biopsy, 3 x 1.5 x .2 cm.
- B. The specimen consists of two segments of rib, the larger 2 x 2 x .2 cm. There is no gross evidence of neoplasm. Representative sections are submitted for decal.
- C. The specimen consists of a lymph node measuring 15 x 5 x 4 mm. All embedded in one block.
- D. The specimen consists of a lymph node measuring 10 x 8 x 4 mm. All embedded in one block.
- E. Received in a formalin container is the right lower lobe of lung weighing 400 grams. The bronchial margin of resection appears free of tumor. Sections of the major bronchi reveal no tumor in the bronchial mucosa. However, adjacent to the hilar area outside the previous biopsy is a large tumor mass measuring 4 x 3.5 x 4 cm. The tumor mass is relatively firm and has a grayish color. Sections of the lung at 1 cm intervals above and below the line of tumor reveal no additional tumor nodules. Multiple areas are sampled, eight blocks.

PCC/dn

PCC:DJN 11/12/93

**FROZEN SECTION INTERPRETATION**

Malignant grade II adenocarcinoma was rendered in writing and by phone to Dr. Rao.

PCC:DJN 11/12/93

**MICROSCOPIC EXAMINATION**

- A. Paraffin sections reveal a well differentiated grade II adenocarcinoma, somewhat suggestive of bronchoalveolar cell carcinoma.
- B. Sections of rib tissue reveal benign bony and marrow tissue.
- C.D. Sections of the nodes from interlobar and anterior hilar lymph nodes reveal reactive lymphoid hyperplasia and are negative for malignancy.
- E. Sections of bronchial margins of resection reveal a lining of benign respiratory bronchopithelium. There is no evidence of neoplasm. Sections of tumor reveal proliferation of malignancy of a single layer of columnar cells along the bronchoalveolar skeletal network of the lung. Because of the pleiomorphic nuclei and stratification a diagnosis of grade 2 bronchoalveolar cell carcinoma is made. The tumor does not extend to the pleural surface.

Requesting Physician/Surgeon: RAO, MINOO K  
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906  
Page: 4 Continued on next page

Name: \_\_\_\_\_

MR #: (0001)264039

Room/Bed: G613 /A

FINAL REPORT

**REDACTED**



Saginaw Medical Center  
1000 Houghton Saginaw, Michigan 48602



The Laboratory for  
St. Luke's / Saginaw General Hospitals

Pathologists

P. Colligan, MD N. Hruby, MD U. Moeser, MD  
J. Finger, MD K. Kline, MD

REDACTED

Name: \_\_\_\_\_  
Med Rec #: (0001)264039 Age: 52 YRS Sex: M  
Account #: 026403923145 DOB: \_\_\_\_\_  
Admit Physician: RAO, MINOO K AD: 11/11/93  
Nursing Station: SGH - 6MAIN Room/Bed: G613/A  
Other info: 00

**SURGICAL PATHOLOGY REPORT**

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939

Received Date/Time: 11/11/93 / 0939

**MICROSCOPIC EXAMINATION**

The mucicarmine stains are positive for mucin. Sections from the lung outside the area of tumor reveal no additional microscopic foci of tumor.

PCC:PCC:DJM By: PAUL C. COLLIGAN, M.D.  
11/12/93 (Electronic Signature)

Requesting Physician/Surgeon: RAO, MINOO K  
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906

Page: 5 End of report.

Name: \_\_\_\_\_

MR #: (0001)264039

REDACTED



Covenant HealthCare  
1447 N.Harrison Saginaw, Michigan 48602

REDACTED

PIQ 001779-044

Laboratory Services  
Medical Laboratory Director: John Finger, MD

Name:  
Med Rec #: (0001)264039  
Account #: 026403920637  
Admit Physician: RAO, MINOO K  
Nursing Station: KF AMBULATORY SURG  
Other info:

Age: 58 YRS Sex: M  
DOB: 11/04/93  
Room/Bed: /

### NON-GYN CYTOLOGY REPORT

Accession Number: NG-93-01137

Collection Date 11/04/93  
Received Date/Time: 11/04/93 / 3382

**SPECIMEN SOURCE**

BRONCHIAL WASH, UNSPECIFIED

**CLINICAL INFORMATION**

None given

**GROSS DESCRIPTION**

The specimen consists of slides from a cell block and four Papanicolaou slides of the cell washing.

KMW:PCC

**INTERPRETATION**

11/05/93 15:26 Negative for malignancy.  
Bronchial washings, negative for malignant cells.

11/05/93 Screened by: PCC

11/05/93 Verified by: NICHOLAS J. HROBY, M.D.  
(Electronic Signature)

**PATHOLOGIST COMMENT**

Many well preserved benign bronchoepithelial cells are seen on the preparation.

Requesting Physician/Surgeon:  
RAO, MINOO K  
Copy to:

Report Date/Time: 05/19/00 / 1336  
Page: 1 End of report.

REDACTED

SGH PATIENTS

LAB INTERNAL FILE COPY

Name:

MR #: (0001)264039

Location:



## B-Reading Roentgenographic Interpretation

Ella A. Kazerooni, M.D.  
Associate Professor  
Division of Thoracic Imaging  
Department of Radiology  
University of Michigan Medical Center

1500 E. Medical Center Drive  
Ann Arbor, MI 48109-0326  
Phone: (734) 936-4366  
Fax: (734) 936-9723  
email: ellakaz@umich.edu

Patient's Name:

REDACTED

Date of Birth:

Worker's SS#:

Date of Reading: 03, 24, 00

REDACTED

1A. DATE OF X-RAY <b>11/15/2000</b>	1B. FILM QUALITY <b>X 3 U/R</b>	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Proceed to Section 5
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3
2B. SMALL OPACITIES		2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY      SECONDARY 	b. ZONES 	c. PROFUSION 
		SIZE
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4
3B. PLEURAL THICKENING	3C. PLEURAL THICKENING ... Chest Wall	
a. DIAPHRAGM (plaque) SITE	a. CIRCUMSCRIBED (plaque) SITE	b. DIFFUSE SITE
b. COSTOPHRENIC ANGLE SITE	IN PROFILE i. WIDTH  ii. EXTENT  FACE ON iii. EXTENT 	IN PROFILE i. WIDTH  ii. EXTENT  FACE ON iii. EXTENT 
3D. PLEURAL CALCIFICATION		
a. DIAPHRAGM SITE	a. DIAPHRAGM SITE	b. WALL SITE
b. WALL SITE	b. WALL SITE	c. OTHER SITES SITE
c. OTHER SITES SITE	c. OTHER SITES SITE	PROCEED TO SECTION 4
4A. ANY OTHER ABNORMALITIES?	YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/>	PROCEED TO SECTION 5
4B. OTHER SYMBOLS (OBLIGATORY)		Date Personal Physician notified?   
4C. OTHER COMMENTS		 Should worker see personal physician because of comments in section 4C. YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5



### Attorneys of Record List

#### GM FOUNDRY CASES - GROUP 2

G1232 - 00 -

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Fax: 313-961-0029  
Attorney for Rapid-American



**In The Matter Of:**

*ABERNATHY v.  
20TH CENTURY GLOVE CORPORATION*

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*Vol. 1, December 8, 1997*

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Troy, MI 48084  
(248) 244-9700 FAX: (248) 244-8804*

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**ABERNATHY v.  
20TH CENTURY GLOVE CORPORATION**

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[1] STATE OF MICHIGAN  
[2] IN THE CIRCUIT COURT FOR THE COUNTY OF SAGINAW  
[3]  
[4]  
[5] WILLIAM C. ABERNATHY, et al.,  
[6] Plaintiffs, Case No: 94-3154 NP,  
[7] et al.  
[8] -vs- TRIAL DATE: 2-18-97  
[9] 20TH CENTURY GLOVE CORP. OF  
[10] TEXAS, et al.,  
[11] Defendants.  
[12]  
[13]  
[14]  
[15]  
[16]  
[17] **REDACTED**  
[18] DEPONENT:  
[19] DATE: Monday, December 8, 1997  
[20] TIME: 1:55 p.m.  
[21] LOCATION: 310 Johnson Street, Delta College,  
[22] International Center, Suite V  
[23] Saginaw, Michigan  
[24] REPORTER: Angela R. Mitchell, CSR-2151  
[25]

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[1] GOLDBERG, PERSKY, JENNINGS & WHITE, P.C.  
[2] BY: MR. LEE W. DAVIS  
[3] 4800 Fashion Square Boulevard, Suite 260  
[4] Saginaw, Michigan 48604-2602  
[5] (517) 799-4848  
[6] Appear on behalf of Plaintiffs.  
[7]  
[8] PEPPER, HAMILTON & SCHEETZ  
[9] BY: MS. ONNIE BARNES JACQUE  
[10] 100 Renaissance Center, 36th Floor  
[11] Detroit, Michigan 48243-1157  
[12] (313) 393-7439  
[13] Appear on behalf of Unroyal.  
[14]  
[15] HARVEY, KRUSE, WESTEN & MILAN, P.C.  
[16] BY: MR. MILTON S. KARFIS  
[17] 1050 Wilshire Drive, Suite 320  
[18] Troy, Michigan 48084-1526  
[19] (248) 849-7800  
[20] Appear on behalf of CCR.  
[21]  
[22]  
[23]  
[24]  
[25]

**REDACTED**

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[5] (248) 649-7800

[6] Appearng on behalf of U.S. Mineral.

[7] HENDRICKSON & LONG

[8] BY: MR. ERIC N. KITZMILLER

[9] 214 Capitol Street

[10] P.O. Box 11070

[11] Charleston, West Virginia 25339

[12] (304) 346-5500

[13] Appearng on behalf of Westinghouse.

[14] RILEY, McNULTY, HEWITT & SWEITZER

[15] BY: MR. PATRICK A. HEWITT

[16] 650 Washington Road

[17] Pittsburgh, Pennsylvania 15228

[18] (412) 341-9300

[19] Appearng on behalf of Ajax

[20] Magnethermic Corp.

[21] ALSO PRESENT:

[22] MS. ELAINE GATES

[1] WITNESS

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[2] REDACTED

[3] Examination by Mr. Karlis 5

[4] Examination by Ms. Jacque 32

[5] Examination by Ms. Winiarski 40

[6] Examination by Mr. Hewitt 44

[7] Re-Examination by Ms. Jacque 48

[8] Re-Examination by Ms. Winiarski 55

[9] Re-Examination by Ms. Jacque 56

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